

EXHIBIT N



Benjamin Nisenbaum, Esq.
Law Offices of John L. Burris
Airport Corporate Centre
7677 Oakport Street, Suite 1120
Oakland, California 94621

20 July 2023

FORENSIC TOXICOLOGY CONSULTATION REPORT

Subject: Angelo Voit Hugo Quinto

Dear Mr. Nisenbaum,

Thank you for referring this forensic toxicology matter for my review on 07 July 2023.

In preparation for this report, I personally reviewed the materials and records you provided. If additional records or materials become available to me, I will consider them, and I will submit a supplemental report if the opinions stated in this report are at all altered by my review of any additional records or materials.

I am board-certified as Fellow of the American Board of Forensic Toxicology. Forensic toxicologists are scientists who specialize in the analyses of biological fluids and tissues for alcohol, medicines, drugs and/or poisons, and who interpret the information generated from these analyses in a judicial context.

Additionally, I am the Director of Cameron Forensic Medical Sciences and Professor of Forensic Medical Sciences at Barts and The London School of Medicine and Dentistry, Queen Mary University of London, and a Visiting Professor in the Laboratory of Forensic Medicine and Toxicology of the Department of Medicine in the School of Health Sciences of the National and Kapodistrian University of Athens (University of Athens) in Greece.

Finally, I am Adjunct Professor in the Forensic Toxicology Laboratory of the Department of Pathology of the School of Medicine at Saint Louis University.

I hold the academic degree of Bachelor of Science in Forensic Chemistry and Criminalistics from the State University of New York - College at Buffalo, the academic degree of Master of Science in Forensic Science specializing in Criminalistics and Forensic Toxicology from the City University of New York's John Jay College of Criminal Justice and the academic degree of Doctor of Philosophy in Forensic Medicine and Science specializing in Analytical and Forensic Toxicology from the University of Glasgow, in Scotland, United Kingdom.



From 1999 to 2003, I worked in London, England, UK, firstly as Senior Lecturer in Forensic Science at London's South Bank University and then as Head of the Forensic Toxicology Service of St. George's Hospital Medical School of the University of London.

From 2003 to 2016, I served as Chief Forensic Toxicologist and Director of the Forensic Laboratory Division at the Office of the Chief Medical Examiner of the City and County of San Francisco. In my professional career to date, I have performed and/or supervised and interpreted approximately 50,000 forensic toxicology investigations (post-mortem as well as human performance).

Post-mortem forensic toxicology is the branch of forensic toxicology that determines the absence or presence of drugs and their metabolites, chemicals such as ethanol and other volatile substances, carbon monoxide and other gases, metals, and other toxic chemicals in human fluids and tissues collected after a person's death and evaluates their role as a determinant or contributory factor in the cause and manner of death.

Human performance forensic toxicology is the branch of forensic toxicology that determines the absence or presence of ethanol and other drugs and chemicals in blood, breath or other appropriate specimen(s) collected from living people and evaluates their role in modifying the person's performance abilities or behavior.

I regularly serve as expert in forensic toxicology on forensic post-mortem toxicology cases (including homicides, suicides, accidents, SIDS, etc.) as well as on forensic human performance toxicology cases (including drug-facilitated sexual assaults, hit-and-run offences, driving under the influence offences, public intoxication offences, workplace drug testing and impairment, etc.). During the past 15 years, I have been qualified as an expert in forensic toxicology in more than 335 cases in criminal and civil matters in county, state, and federal courts in the USA and abroad.

I am board-certified as Fellow by the American Board of Forensic Toxicology. I am Fellow of the Royal Society of Chemistry and Fellow of the American Academy of Forensic Sciences.

I am Honorary Fellow of The Faculty of Forensic and Legal Medicine of the Royal College of Physicians. Additionally, I am a Founding Member of the International Alliance of Clinical and Forensic Toxicologists, and Member of The International Association of Forensic Toxicologists, the Society of Forensic Toxicologists, the British Academy of Forensic Sciences, the California Association of Toxicologists (and served as its Ethics Committee Chair from that Committee's inception until 2022), the California Association of Criminalists, the American Chemical Society, the American Society of Crime Laboratory Directors and Affiliate Member of the National Association of Medical Examiners.

In 2005, I was honored with a Proclamation of Achievement by the 109th USA Congress for dedicating my "life and career to community safety and social awareness."

λ

In February 2018, I was elected Chair of the Toxicology Section of the American Academy of Forensic Sciences and in January 2022, I was elected board member of The International Association of Forensic Toxicologists.

I personally reviewed the following materials pertaining to this case:

- Addendum Medico-Legal Report, Angelo Voit Hugo Quinto, Deceased.pdf
- AndersClayton_PDFTran.pdf
- AndreiQuinto_PDFTran.pdf
- Angelo Quinto coroner's report.pdf
- APPENDIX A. CV & Summary Joseph Cohen MD.pdf
- APPENDIX B. Cohen Testimonials.pdf
- APPENDIX C. Fee Schedule Joseph Cohen MD.pdf
- BECERRA, OFFICER ARTURO.pdf
- Benowitz report and docs (combined).pdf
- Exhibit 1 - (Shipilov).pdf
- HOPWOOD, OFFICER DANIEL.pdf
- IsabellaMayaQuintoCollins_PDFTran.pdf
- JosephUlricksenVolumel_PDFTran.pdf
- MariaCassandraQuinto-Collins_PDFTran.pdf
- Medico-Legal Report, Angelo Voit Hugo Quinto, Deceased (6) copy.pdf
- OGAN, M.D., IKECHI - VIDEOCONFERENCE.pdf
- OGAN, M.D., IKECHI - VOLUME II - VIDEOCONFERENCE.pdf
- OGAN, M.D., IKECHI - VOLUME III - VIDEOCONFERENCE.pdf
- PERKINSON, OFFICER JAMES - VIDEOCONFERENCE.pdf
- QUINTO Cohen Forensic Consultation Report 07-05-23.pdf
- Quinto Coroner Inquest Transcript.pdf
- QUINTO_ANGELO medical records.pdf
- Quinto_Angelo_59583101_RunRecordServlet-159.pdf
- RobertCollinsVolumel_PDFTran.pdf
- Second Autopsy Report, Angelo Quinto, BOP20-026.pdf
- SHIPILOV, OFFICER NICHOLAS.pdf
- Vilke Report 6.26.23.pdf
- 12-23-2020-2300m_With Enhanced Audio (1).mp4

Having reviewed the above records, I am of the following opinions regarding the incident that took place on 12/23/2020.

Mr. Angelo Voit Hugo Quinto (Angelo Quinto) was a 30-year-old Filipino male. The amended death certificate by the Contra Costa County Sheriff-Coroner's Department states that he died as a result of Excited Delirium Syndrome due to Acute Drug Intoxication with Behavior Disturbances due to Arrest Related Death with Physical Exertion.

λ

Based on my studies of Excited Delirium, I agree with the greater scientific community that Excited Delirium is just a clinical sign (but not a disease). Unfortunately, the term “Excited Delirium” according to a 2022 report by Physicians for Human Rights (“Excited Delirium” and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis) is not only an invalid diagnosis but it is also a go-to diagnosis for forensic pathologists, medical examiners, and/or coroners who use it to neutralize deaths in police custody, many of which involve restraint asphyxia.

Regarding the “Acute Drug Intoxication” stated in the amended death certificate, the case involves toxicology studies which were performed on a hospital blood product collected/stored/transported in a red-top specimen vial. This was labelled, according to NMS Labs records, as having been collected on 12/24/2020 at 01:56 hrs. These toxicology studies resulted in the detection and confirmation of the racemic mixture of modafinil/armodafinil (at a concentration of 15 µg/mL) and the detection and confirmation of levetiracetam (at a concentration of 15 µg/mL) which was, according to records, given during hospitalization. Additionally, caffeine was reported as positive but wasn’t confirmed/quantified per routine forensic toxicology protocols.

The presence of modafinil/armodafinil in the plasma/serum does not automatically mean that this mixture of drugs caused or contributed to his death. Accurately inferring any form of symptomology including possible toxicity from a single measured drug concentration is both impossible and scientifically unacceptable as it goes against the general recommendations of practice of forensic toxicology. Additionally, both pharmacologic and toxicologic effects of a drug depend on multiple factors including, but not limited to, person-specific health status and tolerance as well resistance and frequency of use.

In the monograph dedicated to modafinil in Disposition of Toxic Drugs and Chemicals in Man (11th ed.) it is summarized that “most victims of acute overdosage do not exhibit signs of life-threatening toxicity such as severe hypertension, hyperthermia, or seizures. Two teenage girls who ingested overdoses manifested tachycardia, anxiety, mydriasis and either hallucinations or delirium; their serum Modafinil levels were 13-18 mg/L at 18-24 hours post-ingestion.”

According to Spiller et al., modafinil is a non-amphetamine stimulant the FDA approved in 1998 to improve excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Additionally, it has been investigated for use in attention deficit hyperactive disorder, treatment of post-anesthetic sedation, cocaine dependence and withdrawal, excessive sleepiness in Parkinsonism, and excessive fatigue in cancer patients (Clinical Toxicology (2009) 47, 153–156). This retrospective multi-poison center chart review of patients from 11 US States also explains that “modafinil appears to lack the peripheral sympathomimetic effects observed with amphetamines” and states that common side effects with therapeutic use include headache, nervousness, anxiety, insomnia, dizziness, palpitations, nausea, and stomachache.

It is clear, therefore, that alleging that Mr. Quinto died because of a drug intoxication or overdose is highly erroneous and a mere speculation with no peer-reviewed literature to support it.

In my opinion, Mr. Quinto would have survived the exposure to modafinil/armodafinil as detected and quantified in his blood product. The modafinil in this case is, in my opinion, more likely a mere

λ

incidental and non-consequential finding. Therefore, this death based on the examinations performed to-date does not appear to be toxicology-related.

Please note that my opinions are to a reasonable degree of scientific certainty/probability and that if additional facts become available to me, I will consider them and may issue a supplemental report stating my new opinions and the scientific bases behind them if the opinions stated in the present report are at all altered by my review of any additional records or materials.

This concludes my report.

Should you have any further questions, please do not hesitate to contact me.

Respectfully yours,

A handwritten signature in dark ink, appearing to read 'N. Lemos', with a stylized flourish at the end.

Nikolas P. Lemos, PhD, FRSC, F-ABFT, MCSFS, Hon FFFLM
Forensic Toxicologist